

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12416

1. PLACE OF DEATH

County Dent
Township Foran
City (No.)

Registration District No. 269
Primary Registration District No. 5376

File No.
Registered No. 2 Ward

2. FULL NAME John Edward Barnes

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----XXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 1873

7. AGE YEARS 60 MONTHS 10 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME Thomas Barnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

15. MAIDEN NAME Mary Blackwell

16. BIRTHPLACE (CITY OR TOWN) Dent Co (STATE OR COUNTRY) Mo

17. INFORMANT Dick Barnes (ADDRESS) Salmon

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnes Cem. DATE 4/29/34

19. UNDERTAKER Carl Wheeler (ADDRESS) Salmon

20. FILED April 30 1934 Mrs. Cora Bailey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1934, to 4-28, 1934

I last saw him alive on 4-28, 1934. Death is said to have occurred on the date stated above, at 8:00 P. M.

The principal cause of death and related causes of importance were as follows:

cerebral apoplexy
Gravel

Date of onset 4-27-34

Other contributory causes of importance:

Arterio-sclerosis
Hypertension

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. E. Huddell, M. D.
(Address) Salmon, Mo.

